

COMPREHENSIVE CARE II, INC.

P.O. BOX 60583 WASHINGTON, D.C. 20039 (202) 291-2173 FAX (202) 291-1085

November 12, 2007

Ms. Patricia VanBuren Program Manager 825 North Capitol Street, NE, 2nd Floor Washington, DC

Re: 1000 Newton Street, NE Plan of Correction

Dear Ms. VanBuren:

Please find enclosed plan of corrections for the statement of deficiencies found during the visit at 1000 Newton Street NE on October 26, 2007.

Please do not hesitate to contact me at the above address if you require further information.

Yours truly,

Dr. Rodwell Buckley

Administrator

PRINTED: 11/01/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С B. WING 09G152 10/26/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE COMP CARE II WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ΙD PREFIX (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 000 | INITIAL COMMENTS W 000 A monitoring survey was conducted on October 26, 2007 to determine the facility's continued compliance with the deficiencies cited during the recertification survey on August 3, 2007. The findings of the survey were based on interviews and record review. W 104 483.410(a)(1) GOVERNING BODY W 104 The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's Governing Body failed to provide general operating direction over the facility. The findings include: On August 3, 2007 the State Agency (SA) cited

direct care staff were available to manage and supervise Clients #1, #2 and #3 in accordance with their needs.

1. The facility failed to ensure sufficient trained

deficient practices regarding the Governing Body's failure to provide general operating direction over the facility. The provider submitted a Plan of Correction (POC) dated August 28, 2007 to abate the deficient practice(s) however, the deficient practice(s) remained as detailed

Interviews with two direct care staff and the Qualified Mental Retardation Professional and the review of personnel records and scheduling records revealed recent hiring of staff. The

Staff training inclusive of First Aid, CPR, Nutrition, BSP, Client Rights, Active Treatment, and Program Documentation will be completed by 11/20/07

11-20-07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

below:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATÉ SURVEY COMPLETED	
		09G152	B. WIN			C 10/26/2007	
NAME OF F	PROVIDER OR SUPPLIER			10	EET ADDRESS, CITY, STATE, ZIP CODE 000 NEWTON STREET NE /ASHINGTON, DC 20019	10/2	6/2007
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W 104	records reflected gareportedly were bei agency homes, whe evidence that newly other homes had be treatment compone clients. [See W189] The POC dated Austaff training inclus BSP, Client Rights, Program Documents scheduled monthly It should be noted to member on October revealed the staff m11, 2007. The staff had not received to treatment compone Additionally, the state he/she had not bee specified in the POC BSP, Client Rights, Program Document According to intervioral Retardation Profess 2007 at 12:13 PM intrained in the doma The QMRP further BSP and Program In not been conducted monitoring visit.	aps in the staffing levels, which ap filled by staff from other en needed. The facility lacked whired staff or the staff from een trained on the active ents and special needs of the ents and special needs and by September 15, 2007. That interview with a staff or 26, 2007 at 12:10 PM ember was hired on October ents and/or special needs. If member revealed that he/she aining on the clients' active ents and/or special needs. If member revealed that entrained on the domains of (First Aid, CPR, Nutrition, Active Treatment, and eation). The with the Qualified Mental entained in the Poc. Revealed that First Aid, CPR, Documentation inservices had a for any staff at the time of the entail to ensure each client's active was integrated, coordinated the qualified mental retardation and retardation in the entail retardation and retardation and retardation and retardation in the equalified mental retardation and reta	W 1	04			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILI	ILTIPLE CONSTRU DING .	JCTION	(X3) DATE SURVEY COMPLETED		
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W 104	The POC dated Au Program has new Documentation is r of counselors is on According to interv 26, 2007 at 12:13 I aforementioned de	age 2 Igust 28, 2007 documented - QMRP since July 1, 2007. reviewed monthly and coaching going by August 13, 2007. iew with the QMRP on October PM the POC for the ficient practice had not been	W 10		Staff have received train program goals and docu		11-06-07
	Reviews of the clie conducted timely. [The POC dated Au Pharmacist review	d to ensure Pharmacy nt's medications were See W362] gust 28, 2007 documented - of medication will be y by August 25, 2007.		3.	Pharmacist review of m will be conducted quart pharmacist last came in the records on 10/26/07	erly. The to review	10-26-07
	26, 2007 at 12:13 Faforementioned de implemented. Rev record revealed that was conducted on noted that at 2:25 Fathe request of the records. 4. The facility faile were currently certificate W192] The POC dated Autorianing of staff is a monthly schedule in August 25, 2007.	iew with the QMRP on October PM the POC for the ficient practice had not been iew of the Clients #1, #2, #3's at the last pharmacy review April 25, 2007. It should be PM the pharmacist came in, at nurse, to review the clients' did to ensure four of ten staff fied in emergency procedures. gust 28, 2007 documented - on going and will follow a ncluding CPR and First Aid by		4.	Two of the four staff has stopped working for this. The other two have recetraining in CPR and Firs Please find evidence her	s provider. eived st Aid.	11-03-07
	According to intervi	ew with the QMRP on October					Ì

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W 104	26, 2007 at 12:13 F aforementioned der implemented. The of the class was to be At the time of the si	_	W	104				
W 111	483.410(c)(1) CLIE The facility must de recordkeeping systematics.	evelop and maintain a tem that documents the client's treatment, social information,	W	111				
	Based on interview failed to ensure trea assessments were	is not met as evidenced by: y and record review, the facility atment records and maintained in the facility for eampled clients. (Clients #1,			·			
	The findings include	e:						
	deficient practices rensure treatment remaintained. The pr Correction (POC) d	the State Agency (SA) cited regarding the facility's failure to ecords and assessments were rovider submitted a Plan of lated August 28, 2007 to abate be however, the deficient as detailed below:						
	and August 3, 2007 the health care trea	ed with the LPN on August 2 7 regarding documentation of elements and assessments for #3 revealed the following:						
	2007 Medication Ac	entation was noted on the July dministration Record (MAR) of ed to Client #3 to prevent						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 111	weight loss. The POC dated A Ensure is given as this order will be r 24, 2007. According to inter October 26, 2007 Client #3 was to rethree times a day completed for the PM, and 7:00 PM revealed that ther administration of 5, 9, 10, 11, 12, 1 It should be noted clients were on va 483.430(a) QUAL RETARDATION F Each client's activintegrated, coordinated mental retardation of three clients resulting active trea coordinated and remental retardation of three clients resulting inclues the pool of	ugust 28, 2007 documented - s ordered. Documentation of ecorded on the MAR by August view with the facility's nurse on at 2:24 PM and record review, eceive the supplement (Ensure). Documentation was to be supplement at 7:00 AM, 12:00. Further review of the record e was no documentation for the ensure on October 1, 2, 3, 4, 4, 15, 16, 17, 18, 19, and 21-25. I that the nurse revealed the ecation on October 21-25, 2007. IFIED MENTAL PROFESSIONAL The treatment program must be nated and monitored by a etardation professional. Is not met as evidenced by: ation, interview and record cility failed to ensure each the theorem of the qualified of professional (QMRP) for three siding in the facility. (Clients #1,	W 111	1. Ensure is given as ord medication nurse will be giving and documenting	charged with	11-01-07	

(X1) PROVIDER/SUPPLIER/CLIA

EMENT OF DEFICIENCIES

PRINTED: 11/01/2007 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

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159	ensure each client' was integrated, coorderection (POC) of the deficient practice practice(s) remained. 1. The QMRP faile behavioral needs when she was requested throwing the floor from a play when she was requested the client and would throw of the locations, through the floor from a play when she was requested the client and would throw of the locations, through the floor from a play when she was requested the client and would throw of the locations, through the floor from a play when she was requested the client and would throw of the locations, through the locations, through the locations of spitting other locations, through the locations of the locations	t's active treatment program prodinated and monitored by the vider submitted a Plan of dated August 28, 2007 to abate ice(s) however, the deficient ed as detailed below: Iled to coordinate Client #1's with the day program. The at 11:55 AM, Client #1 was a bag of connecting blocks on astic bag located on the table quested to complete a Lock with the classroom instructor awas sometimes non-compliant objects on the floor. The at the day program revealed goin the water fountain and rowing objects and attempted on. The classroom instructor client did not have a formal ment program at the day behaviors were documented a Sheet" when the client e classroom instructor indicated rts were sent to the group	W 159	1. A case conference is scheduled day program to address client #1 behavior needs. The objective of conference will be to put in place Behavior Support Plan at her day The QMRP will monthly visit cliher day program to monitor behat tracking and documentation.	's the case e a y program. ient #1at	11-20-07

(X2) MULTIPLE CONSTRUCTION

*MENT OF DEFICIENCIES *LAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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159	available. There is coordinated with Codetermine if the tall behaviors were existed. The POC dated A QMRP will monito review all docume ensure proper treated behavior by Septe Interview with the 2:05 PM revealed day program since August 3, 2007. At that the document had not been review and communication court. Interview with the revealed that during in March 2 facility implement training objective for verification confirm interdisciplinary terminated in the Bewhich related to id desires and scream of the current BSP "Response Guidel communicative too implemented after in the program in the program of the current training objective for program in the Bewhich related to id desires and scream of the current BSP "Response Guidel communicative too implemented after in the program in the program in the BSP "Response Guidel communicative too implemented after in the program in the program in the gramman in the gra	was no evidence the QMRP Client #1's day program to argeted or other maladaptive xhibited in that setting. August 28, 2007 documented - or day program monthly and entation from day program to atment of person #1's targeted ember 10, 2007. QMRP on October 26, 2007 at that he/she had not visited the e the recertification survey on Additionally, the QMRP revealed tation from/at the day program	W	159	2. Person 2's Speech goal is curbeing implemented as specified. have been in-serviced on proper documentation of this program.	Staff	11-06-07

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159	The POC dated A Speech program order is currently pathologist. Pers assessment from on August 31, 200 address this defic 2007. According to the in QMRP failed to end communication of Client #2. Intervie 26, 2007 at 2:32 in the polycetive had been survey, the object of 3. The QMRP failed was provided with that enabled them efficiently, and continuing are schemonitoring of the informally at least 2007.	ress the screaming behavior. August 28, 2007 documented - to address behavior and court being reviewed by DDS speech on #2 is also scheduled for providers Speech Pathologist 07. The completion date to cient practice was September 4, nitial cited deficient practice, the nsure a speech assessment and bjective had been attained for ew with the QMRP on October PM revealed a communication en written but, at the time of the tive had not been implemented. led to ensure each employee initial and continuing training in to perform duties effectively, impetently. [See W189] August 28, 2007 documented - eduled monthly and ongoing home and coaching is provided twice weekly by August 24, QMRP on October 26, 2007 of failed to verify the POC for the	W 159	3. Initial training for new employee conducted on their first day to facility. An orientation checklist developed to ensure that all area training are covered. New staff trained and on programs, person documentation, BSP, and Nutrit	o the t has been as of have been a rights,	11-06-07
	4. The QMRP faile ensure Client #3 r	ed to coordinate services to received a comprehensive ment of her fingerlicking		4. A Behavior Support Plan who out functional assessment and p means of addressing client #3 fi licking has been put in place. See	roactive nger	11-11-07

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159	Behavior data is ket therapist and HRC further recommend. Interview with the Cand record review of the aforementioned addressed. Accord QMRP, Client #3 his fingerlicking behavior the facility failed to the POC and addressed. So The QMRP failed collected for Client (IPP) objective on allowed assessment (IPP) objective on sallowed assessment (IPP) objective on sallowed assessment of persprogress of this goal will be modified assessment of persprogress of this goal Interview with the Cand record review of the POC had been aforementioned detaccording to interview verification, Client #4 program had not be the client was to ide of the QMRP failed program plan (IPP) skills necessary for	gust 28, 2007 documented - pet and presented to behavior committee for review and lations. QMRP on October 26, 2007 failed to provide evidence that deficient practice had been ding to interview with the ad not been assessed for her ior. At the time of the survey, provide evidence that verified essed the cited deficient d to ensure the type of data #2's individual program plan esfety sign identification int of the client's progress. gust 28, 2007 documented - ed with new ISP to allow for son #2's progress/lack of al by August 31, 2007. QMRP on October 26, 2007 failed to provide evidence that implemented and the ficient practice was addressed. ew with the QMRP and record f2's safety sign identification een modified to specify what	W 1	159	5. Program has been modified to which signs client #2 is to ident find evidence herewith. Program be monitored weekly by the QM ensure proper implementation.	ify. Please n goal will	11-01-07

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=IMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			O. 0938-0391 SURVEY LETED
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	The POC dated Al Behavior data is ke therapist and HRC further recommend and record review the aforementioned addressed. Accord QMRP, Client #3 h fingerlicking behave the facility failed to the POC and addressed for Client (IPP) objective on a allowed assessment of persprogress of this goal will be modified assessment of persprogress of this goal interview with the Cland record review for the POC had been aforementioned defactor of the POC had been aforement and the	agust 28, 2007 documented - ept and presented to behavior of committee for review and dations. QMRP on October 26, 2007 failed to provide evidence that deficient practice had been ding to interview with the lad not been assessed for her lior. At the time of the survey, provide evidence that verified essed the cited deficient d to ensure the type of data #2's individual program plan safety sign identification at of the client's progress. gust 28, 2007 documented - ed with new ISP to allow for son #2's progress/lack of all by August 31, 2007. MRP on October 26, 2007 ailed to provide evidence that implemented and the incient practice was addressed ew with the QMRP and record 2's safety sign identification en modified to specification en modified en modified to specification en modified to specification en modified en modified en modified en modified en modified en modified	W 1	59	5. Program has been modified to s which signs client #2 is to identify find evidence herewith. Program g be monitored weekly by the QMR ensure proper implementation.	. Please	11-01-07

PARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/01/2007 FORM APPROVED NTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 **EMENT OF DEFICIENCIES** (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С B. WING 09G152 10/26/2007 IE OF PROVIDER OR SUPPLIER

MP CARE I	
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STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE

MP C	ARE II		1000 NEWTON STREET NE WASHINGTON, DC 20019			
4) ID REFIX AG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
159	Continued From page 9	W 159	/			
	The POC dated August 28, 2007 documented - Staff training on persons rights and privacy by August 24, 2007.		6. A program goal has been put in place to address privacy issues related to client #2. Client #1's program will be amended to address hygiene pertaining to drooling.	11-06-07		
	Interview with the QMRP on October 26, 2007 and record review revealed that staff were trained on client rights and privacy on August 24, 2007. However, continued interview with the QMRP on October 26, 2007 at 3:03 PM revealed that no training mechanism had been developed to assist Client #2 with attaining skills necessary for privacy and the maintenance of good hygiene.					
	7. The QMRP failed to ensure as soon as the interdisciplinary team formulated the individual program plan (IPP), Clients #1 and #2 received a continuous active treatment plan consisting of needed interventions to achieve identified objectives. [See w249]		7. Staff have been trained on client #1's BSP. Client 2's purchasing program has been devised and currently being implemented. The QMRP will on a weekly basis monitor program implementation and documentation.	11-01-07		
	The POC dated August 28, 2007 documented - Staff will be inserviced on person #1 and person #2's IPP. Monitoring and coaching of programs will be completed monthly by August 31, 2007.					
	Interview with the QMRP on October 26, 2007 at 3:03 PM revealed that there had been not training on Client #1's behavior support plan since the August 3, 2007 survey. Additionally, the QMRP revealed that Client #2's purchasing program had			1		
	not been devised and/or implemented at the time of the monitoring visit.		8. Behavior frequencies will be collected and presented monthly at psychiatric	11-01-07		
	8. The QMRP failed to ensure data relative to the accomplishment of Client #3's behavioral objectives was documented. [See W252]		been charged with the responsibility of collecting and presenting behavior data frequencies to the psychotropic medication			
	The POC dated August 28, 2007 documented -		review team. Staff have been trained on accurate documentation of behaviors.			

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W 159	QMRP monthly revi MAR documentatio address this deficie 2007.	iew will include a review of n. The completion date to nt practice was September 4,	W 15	9			
W 189	psychotropic medic 2007 through Septe 2007 at 3:11 PM fai on the form that ide incidents of the targ the survey, the facil had been developed ensure the deficient	MRP and review of the ation review for August 24, ember 24, 2007 on October 26, led to ensure documentation ntified the frequency of leted behaviors. At the time of ity failed to ensure the POC d and/or implemented to practice was addressed.	W 18	9			
	initial and continuing	ovide each employee with g training that enables the m his or her duties effectively, petently.					
	Based on interview failed to provide evireceived initial and of	s not met as evidenced by: and record review, the facility dence that each employee continuing training that ee to perform his or her duties y, and competently.					
	The findings include	: :					
	deficient practices or ensure each each e continuing training to their duties effective competently. The Correction (POC) da	the State Agency (SA) cited egarding the facility's failure to imployee received initial and hat enabled them to perform ely, efficiently, and provider submitted a Plan of ated August 28, 2007 to abate e(s) however, the deficient					

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	PROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE WASHINGTON, DC 20019		20/2007
4) ID EFIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
189	practice(s) remained 1. The facility failed staff on the implement behavior support pure The POC dated Ausee response to Warevealed that staff protocols and progronsultants by Sepul Interview with the Caston Client #1's behave August 3, 2007 surungust 3, 2007 sur	d to ensure effective training to nentation of Client #1's lan. [See W249] Igust 28, 2007 documented - 1/189 #3. Response #3 would receive training on meal ram implementation from tember 18, 2007. QMRP on October 26, 2007 at hat there had been not training vior support plan since the vey. If to ensure effective training to mentation of data relative to Client #3's behavioral 1/52]. Igust 28, 2007 documented - 1/189 #3. Response #3 would receive training on meal ram implementation from	W	189		ced on ave also	11-06-07
192	483.430(e)(2) STAF	F TRAINING PROGRAM	W 19	92			

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G152	B. WIN	۷G _		I	C 6/2007
NAME OF P	PROVIDER OR SUPPLIER		•	10	REET ADDRESS, CITY, STATE, ZIP CODE 000 NEWTON STREET NE VASHINGTON, DC 20019		<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 192	must focus on skill toward clients' hea	no work with clients, training lls and competencies directed alth needs.	W	192			
i	Based on interview failed to ensure ea the clients received	is not met as evidenced by: w and record review, the facility ach employee who works with d timely training focused on encies to address the clients' al needs.					
	The finding include	es:					
	deficient practice rensure each emplocients received time and competencies emergency medical submitted a Plan of August 28, 2007 to	7 the State Agency (SA) cited a regarding the facility's failure to loyee who worked with the mely training focused on skills to address the clients' al needs. The provider of Correction (POC) dated to abate the deficient practice cient practice remained as					
	The facility failed to cardiopulmonary remaintained for eac	o ensure current training in esuscitation (CPR) was ch employee.					
	surveyor for review at 9:30 AM reveale employees working facility lacked curre interview with the F Mental Retardation acknowledged that	ning records provided to the w on August 2, 2007 beginning ed that five of the ten g with the residents of the ent CPR certification. During Program Manager/Qualified n Professional, he the CPR training/certification taff had either expired or had					

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EMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION	(X3) DATE S	(X3) DATE SURVEY COMPLETED	
	,		A. BUILI	DING	O Ó IMIL E		
		09G152	B. WING	3	10/	C 26/2007	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1000 NEWTON STREET NE WASHINGTON, DC 20019		20/2001	
4) ID EFIX AG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR	SHOULD BE	(X5) COMPLETION DATE	
192	Continued From p	age 13	W 19	92		<u> </u>	
	CPR and First Aid	ugust 28, 2007 documented - l Certification and recertification or September 15, 2007.		Cross Reference W 104 (4)		11-06-07	
214	26, 2007 at 12:13 aforementioned de implemented. The the class was to be At the time of the sensure the POC ha	view with the QMRP on October PM the POC for the eficient practice had not been e QMRP further revealed that he held on November 3, 2007. Survey, the facility failed to had been implemented. NDIVIDUAL PROGRAM PLAN	W 21	14			
	The comprehensiv	ve functional assessment must	ı				
Í	Based on interview failed to ensure a cassessment of beh	is not met as evidenced by: ws and record review, the facility comprehensive functional havioral needs was conducted ents residing in the facility.					
	The findings includ	le:					
	ensure a comprehe of behavior need w The provider subm (POC) dated Augus	r the State Agency (SA) cited a regarding the facility's failure to ensive functional assessment was conducted for Client #3. nitted a Plan of Correction at 28, 2007 to abate the nowever, the deficient practice ed below:					
	The facility failed to	ensure an assessment of					

Client #3's finger licking/sucking behavior.

EMENT OF DEFICIENCIES LAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	•	09G152	B. WING			С	
	ROVIDER OR SUPPLIER	333102	s	TREET ADDRESS, CITY, STATE, ZIP C 1000 NEWTON STREET NE WASHINGTON, DC 20019	· · · · · · · · · · · · · · · · · · ·	26/2007	
I) ID EFIX AG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
214	Continued From pa	age 14 et care staff on July 31, 2007 at	W 21	4			
	7:10 PM revealed to prompting to comp On July 31, 2007 a observed sitting on placing her fingers be playing in her sa	the client required verbal lete the steps of hand washing. It 7:25 PM, Client #3 was the couch, intermittently in her mouth and appeared to aliva. The client also seemed to ic on the radio beside her in					
	Qualified Mental Re (QMRP) looked for hands "because sh fingers". A direct c your hand down." observed continuous taff commented the client's face and and once after dinnescorted the client hands. From 7:41 remained on the coand was again licki	of the client at 7:30 PM, the etardation Professional a washcloth to clean the client are staff told the client was usly licking her fingers. The nat she had already washed d hands twice before dinner ner. Another staff then to the bathroom to wash her PM to 7:52 PM Client #3 buch alone beside the radio ng her fingers. Observations at 4:00 PM also reflected ting behavior.					
	 2007 revealed the fingerlicking behavior hands washed when 	on July 31, 2007 and August to client exhibits the for often and must have her in she was observed doing it. Inical record revealed the tis B carrier.		Cross Reference W 159 (4)	,	11-11-07	
	assessment and a dated February 13,	ealed a psychological behavior support plan (BSP) 2007. The fingerlicking entified or addressed in either		_	·		

FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:]` ′			
I R WING			C 10/26/2007		
PROVIDER OR SUPPLIER		10	000 NEWTON STREET NE	10/26	<i>312001</i>
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETION DATE
document. The POC dated Aup Psychologist will de to address person # 18, 2007. Interview with the Cand record review f the aforementioned addressed. Accord QMRP, Client #3 has fingerlicking behavi the facility failed to the POC and addrepractice. 483.440(c)(5)(iv) IN Each written training implement the objective program plan must frequency of data conto assess progress. This STANDARD is Based on interview failed to ensure that designed to implement individual program necessary to be about the desired objective sample. (Client #2) The finding includes On August 3, 2007	gust 28, 2007 documented - evelop and train staff on a plan #3's behavior by September QMRP on October 26, 2007 failed to provide evidence that d deficient practice had been ding to interview with the ad not been assessed for her ior. At the time of the survey, provide evidence that verified essed the cited deficient NDIVIDUAL PROGRAM PLAN ag program designed to ectives in the individual especify the type of data and collection necessary to be able to toward the desired objectives. Is not met as evidenced by: and record review, the facility at each written training program ment the objectives in the plan specified the type of data alle to assess progress toward we for one of two clients in the still the State Agency (SA) cited a	W 214			
ensure that each w	ritten training program				
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From particular document. The POC dated August Psychologist will de to address person #18, 2007. Interview with the Cand record review of the aforementioned addressed. Accord QMRP, Client #3 has fingerlicking behavithe facility failed to the POC and addressed. Accord QMRP, Client #3 has fingerlicking behavithe facility failed to the POC and addressed. Accord QMRP, Client #3 has fingerlicking behavithe facility failed to the POC and addressed. Accord QMRP, Client #3 has fingerlicking behavithe facility failed to the POC and addressed. Accord QMRP, Client #3 has fingerlicking behavithe facility failed to the POC and addressed. Accord QMRP, Client #3 has fingerlicked addressed. Accord QMRP, Client #4 has fingerlicked. Accord QMRP, Client #4 has fingerlicked. Accord Accord QMRP, Client #4 has fingerlicked. Accord Accord Accord QMRP, Client #4 has fingerlicked. Accord QMRP, Client #4 has fingerlicked. Accord Acc	ROVIDER OR SUPPLIER ARE I I SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 document. The POC dated August 28, 2007 documented - Psychologist will develop and train staff on a plan to address person #3's behavior by September 18, 2007. Interview with the QMRP on October 26, 2007 and record review failed to provide evidence that the aforementioned deficient practice had been addressed. According to interview with the QMRP, Client #3 had not been assessed for her fingerlicking behavior. At the time of the survey, the facility failed to provide evidence that verified the POC and addressed the cited deficient practice. 483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each written training program designed to implement the objectives in the individual program plan specified the type of data necessary to be able to assess progress toward the desired objective for one of two clients in the	ROVIDER OR SUPPLIER ARE I I SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 document. The POC dated August 28, 2007 documented - Psychologist will develop and train staff on a plan to address person #3's behavior by September 18, 2007. Interview with the QMRP on October 26, 2007 and record review failed to provide evidence that the aforementioned deficient practice had been addressed. According to interview with the QMRP, Client #3 had not been assessed for her fingerlicking behavior. At the time of the survey, the facility failed to provide evidence that verified the POC and addressed the cited deficient practice. 483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each written training program designed to implement the objectives in the individual program plan specified the type of data necessary to be able to assess progress toward the desired objective for one of two clients in the sample. (Client #2) The finding includes: On August 3, 2007 the State Agency (SA) cited a deficient practice regarding the facility's failure to	ROVIDER OR SUPPLIER ARE I I SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 document. The POC dated August 28, 2007 documented - Psychologist will develop and train staff on a plan to address person #3's behavior by September 18, 2007. Interview with the QMRP on October 26, 2007 and record review failed to provide evidence that the aforementioned deficient practice had been addressed. According to interview with the QMRP, Client #3 had not been assessed for her finger(licking behavior. At the time of the survey, the facility failed to provide evidence that verified the POC and addressed the cited deficient practice. 483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each written training program designed to implement the objectives in the individual program plan specified the type of data necessary to be able to assess progress toward the desired objective for one of two clients in the sample. (Client #2) The finding includes: On August 3, 2007 the State Agency (SA) cited a deficient practice regarding the facility's failure to	ROWDER OR SUPPLIER ARE I I STREET ADDRESS, CITY, STATE_ZIP CODE 1000 NEWTON STREET NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DERICIENCIES (EACH OBERCINE) (EACH OBERCINE

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EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
,		A. BUILDING	COMPLETED
	09G152	B. WING	C 10/26/2007
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E OF PROVIDER OR SUPPLIER

MP CARE II

STREET ADDRESS, CITY, STATE, ZIP CODE
1000 NEWTON STREET NE

P C	ARE II		WASHINGTON, DC 20019			
ID FIX G	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
237	Continued From page 16	W 23	37			
	designed to implement the objectives in the individual program plan specified the type of data necessary to be able to assess progress toward the desired objective. The provider submitted a Plan of Correction (POC) dated August 28, 2007 to abate the deficient practice however, the deficient practice remained as detailed below: The facility failed to ensure the type of data					
	collected for Client #2's individual program plan (IPP) on safety sign identification allowed assessment of the client's progress.					
	On July 31, 2007 at 6:40 PM staff was observed showing Client #2 safety signs. Staff indicated the client was learning to identify different safety signs which were seen in the community. Record review revealed an objective scheduled to be implemented daily which stated that the client "will identify safety signs found in the community on 80% of trials per month for three months". The review of the instructions for implementing the objective indicated the client will point to what the picture of the sign means. Further review of the instructions revealed the data collection form stated "identifies" and did not mention what the client is to identify.					
	The POC dated August 28, 2007 documented - See Response to W159 and identified the corresponding number. The response in W159 revealed that the goal would be modified with the new ISP to allow for assessment of person #2's progress/lack of progress of this goal by August 31, 2007.		Cross Reference W 159 (5) 11-01-07			
į	Interview with the QMRP on October 26, 2007 and record review failed to provide evidence that the POC had been implemented and the					

EMENT OF DEFICIENCIES LAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		09G152	B. WING_		C 10/26/2007	
	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE WASHINGTON, DC 20019	1072	2012001
I) ID ∃FIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
242	According to intentive verification, Client program had not be the client was to id 483.440(c)(6)(iii) If The individual program those clients who is skills essential for (including, but not	eficient practice was addressed. view with the QMRP and record #2's safety sign identification been modified to specify what lentify. NDIVIDUAL PROGRAM PLAN gram plan must include, for ack them, training in personal privacy and independence limited to, toilet training.	W 237			
	bathing, dressing, of basic needs), ur that the client is de acquiring them.	dental hygiene, self-feeding, grooming, and communication ntil it has been demonstrated evelopmentally incapable of				
	Based on interview failed to ensure the included training in	is not met as evidenced by: y and record review, the facility e individual program plan (IPP) personal skills necessary for e for one of two clients in the				
	The findings includ	e:				
	ensure the IPP incl necessary for hygie The provider subm (POC) dated August	the State Agency (SA) cited a agarding the facility's failure to luded training in personal skills are and privacy for Client #2. itted a Plan of Correction st 28, 2007 to abate the owever, the deficient practice and below:		Cross Reference W 159 (6)		11-01-07
	The facility failed to plan (IPP) included behavior for Client	ensure the individual program training on personal privacy #2.				

JUNT,	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) M A. BUII	ULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED	
		09G152	B. WIN	IG	10/2	C 2 6/2007
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1000 NEWTON STREET NE WASHINGTON, DC 20019		
4) ID EFIX AG	EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
242	observed pulling used breast as she and #3. Client #2' below her bra. The back into the brase During this time the in the room with the At 6:35 PM a staff breast in her brase indicated the clien her bra some time	07 at 6:15 PM Client #2 was up her shirt, exposing her body a sat at the table with Clients #1 is breast was observed hanging he client then put her breast and pulled down her shirt. He two staff, who on duty, were he clients. I asked Client #2 if she had her Interview with the staff t likes to take her breast out of es. Observation of the client at	W 2	a. Staff have told to inform refrain from exposing her be And to take client #2 to a pr dress appropriately. Staff ha trained on rights and privacy	ody and breast. ivate place to we been	11-06-07
	her day program of revealed the client appeared to be he review of the IPP of evidence the client privacy to address b. On August 1, 2 observed in her be Although she was was wide open. We staff was observed which was adjacer There was no evid	on August 1, 2007 at 10:22 AM I's breast protruding above what I's bra underneath her shirt. The Ion August 2, 2007 revealed no It received training on personal		b. Cross Reference W 159	(6)	11-06-07
	See Response to No corresponding numerevealed that docurecorded in nurses noted however that practice was reference.	ugust 28, 2007 documented - W111 and identified the ober. The response in W111 mentation of treatment will be progress note. It should be the aforementioned deficient ence in tag W159. The facility's note in that citation documented			-	

		IDENTIFICATION NUMBER:	A. BUII		(X3) DATE S COMPLE		
		09G152	B. WIN			1	C
NAME OF P	PROVIDER OR SUPPLIER	030102	 	STRE	ET ADDRESS, CITY, STATE, ZIP CODE	10/2	6/2007
COMPC	ARE I I			100	00 NEWTON STREET NE ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	I	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 242	Continued From pa	age 19	W 2	242			
	there would be staf and privacy by Aug	ff training on persons rights just 24, 2007.					
W 249	and record review on client rights and However, continued October 26, 2007 training mechanism Client #2 with attair privacy and the ma	QMRP on October 26, 2007 revealed that staff were trained privacy on August 24, 2007. d interview with the QMRP on at 3:03 PM revealed that no had been developed to assist ning skills necessary for intenance of good hygiene. OGRAM IMPLEMENTATION	W 2	249			
·	formulated a client's each client must re treatment program interventions and se and frequency to se	erdisciplinary team has as individual program plan, aceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the d in the individual program					·
	Based on interview failed to ensure as team formulated the (IPP), each client retreatment plan consto achieve identified	is not met as evidenced by: y and record review, the facility soon as the interdisciplinary e individual program plan eccived a continuous active sisting of needed interventions d objectives for two of two le. (Clients #1 and #2)					
	The findings include	e:					
	deficient practices rensure that each cli	the State Agency (SA) cited regarding the facility's failure to ient received continuous active rovider submitted a Plan of					

EMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	•	09G152	B. WING		C 10/26/2007	
	ROVIDER OR SUPPLIER	2		TREET ADDRESS, CITY, STATE, ZIP COD 1000 NEWTON STREET NE WASHINGTON, DC 20019		
4) ID EFIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
249	the deficient practic practice(s) remains 1. The facility faile Client #1's behavior Support Plan (BSP) Observation of the 1, 2007 at 6:46 AN toilet tissue were a 3:45 PM a staff info #1 tears off paper toilet. At 3:50 PM and toilet paper we floor bathroom become the paper she wou the toilet and this we PM the commode observed filled to the paper we floor bathroom become to be paper she wou the toilet and this we PM the commode observed filled to the paper who putting extime of the observed tissue were in the Interview with staff paper when in the supplies in the bath monitored. Furthe	dated August 28, 2007 to abate ce(s) however, the deficient ed as detailed below: d to ensure interventions in or support plan (Behavior et) were implemented. first floor bathroom on August et revealed no paper towel and vailable. On August 1, 2007 at cormed another staff that Client towels and puts them in the the staff said the paper towels are being removed from the first cause anytime Client #1 sees ld attempt to put the paper in would clog the toilet. At 5:00 in the first floor bathroom was he water line with what per towels. Staff indicated that did it because she had a excess paper in the toilet. At the action no paper towel or toilet bathroom. Indicated Client #1 misused bathroom and that the paper proom must be closely interview with staff revealed	W 24	-)	11-01-07
	bathroom had bee to prevent Client # tissue/paper.	paper supplies from the n used as a proactive strategy 1's misuse of toilet nt #1's Behavior Support Plan				
	(BSP) dated Nover presence of a fema	mber 29, 2006 revealed "The ale staff member is s inability to avoid the				

LAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G152	B. WII	NG		C 10/26/2007	
	ROVIDER OR SUPPLIER ARE II			1	REET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE NASHINGTON, DC 20019		
i) ID EFIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
249	knowledge on how hygienic and correct evidence Client #1' was implemented a	per and in view of her lack of to use toilet paper in a ct manner". There was no is Behavior Support Plan (BSP) as written.	W	249			
	The POC dated August 28, 2007 documented - See Response to W189 and identified the corresponding number. The response in W159 revealed that staff would be inserviced on person #1 and person #2's IPP. Monitoring and coaching of programs will be completed monthly by August 31, 2007.					·	
	3:03 PM revealed t	with the QMRP on October 26, 2007 at evealed that there had been not training #1's behavior support plan since the 2007 survey. Ew with the QMRP revealed Client #2 dividual Support Plan (Individual lan (ISP) conference on August 4, view of Client #2's IPP on August 3, aled it included the following objectives:					
	had an Individual S Support Plan (ISP) 2006. Review of C				2. Cross Reference W159 (7)		11-01-07
	 a. Given verbal ass greeting card for a trials for three month 	istance M will purchase a family member on monthly ths.					
	b. Given physical as package (card, pho monthly sessions fo	ssistance, M will mail to, drawing) to her brother on or three months.					
	brother was her gua unsuccessful in loca acknowledged and	MRP revealed the client's ardian, but the facility was ating him. The QMRP also the record review revealed no forementioned IPP objectives ated for the client.					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION G	COMPLE	TED
		09G152	B. WIN	1G			C 6/2007
NAME OF P	PROVIDER OR SUPPLIER			10	EET ADDRESS, CITY, STATE, ZIP CODE 000 NEWTON STREET NE VASHINGTON, DC 20019	1	012001
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 249	Continued From p	age 22	W 2	249			
	See Response to corresponding nur revealed that staff #1 and person #2's of programs will be 31, 2007.	ugust 28, 2007 documented - W159 and identified the mber. The response in W159 would be inserviced on person is IPP. Monitoring and coaching e completed monthly by August					
W 252	3:03 PM revealed program had not b implemented at the	QMRP on October 26, 2007 at that Client #2's purchasing peen devised and/or e time of the monitoring visit. OGRAM DOCUMENTATION	W 2	252			
	specified in client i	ccomplishment of the criteria individual program plan e documented in measurable					
	Based on interview failed to ensure da accomplishment o one of three clients	is not met as evidenced by: w and record review, the facility ata relative to the of the behavioral objective for s residing in the facility was easurable terms. (Client #3)					
	The finding include	es:					
	deficient practice r ensure data relativ objective was docu The provider subm (POC) dated Augu	7 the State Agency (SA) cited a regarding the facility's failure to be to the accomplishment of an umented in measurable terms. In the day of Correction ust 28, 2007 to abate the however, the deficient practice led below:					

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ULTIPL LDING	E CONSTRUCTION	(X3) DATE SU COMPLE	
	•	09G152					C 6/2007
	ROVIDER OR SUPPLIER		•	100	ET ADDRESS, CITY, STATE, ZIP CODE 10 NEWTON STREET NE ASHINGTON, DC 20019	,	
4) ID .EFIX 'AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
252	July 31, 2007 at 7: received Lorazepa with the medication medication was proposed interview with the Nurse (LPM) reverse (LPM) reverse (LPM) reverse (LPM) we client's response to Interview with the consisted of the panurse and the Quaprofessional (QMF). The review of psycrevealed no data we rebruary 28, 2007 and 2007 april 23, 2007 april 23, 2007 and 2007 april 23, 2007 and 25, 2007. It was no data was available interview with the at 11:36 AM reveals behaviors during the behaviors during the behavior with the PMR forms between the PMR forms bet	e medication administration on 00 PM revealed Client #3 am 1 mg by mouth. Interview in nurse revealed the escribed for behaviors. primary Licensed Practical alled psychotropic medication re held monthly to monitor the o behavioral interventions. LPM revealed the team sychiatrist, the psychologist, the allified Mental Retardation	W	252	The responsibility of collecting of frequencies for psychotropic review heen shifted to the Behavior Consultant/Psychologist who withat accurate behavior data are p the psychotropic review team on consistent basis.	iews has Il ensure resented to	11-01-07

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		LE CONSTRUCTION	(X3) DATE SI COMPLE	
			A. BUI	ILDING			C
		09G152	B. WIN	¹G			6/2007
NAME OF P	PROVIDER OR SUPPLIER			100	ET ADDRESS, CITY, STATE, ZIP CODE 00 NEWTON STREET NE ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 252	Continued From pa	age 24	W 2	252			
W 263	psychotropic medic 2007 through Septe 2007 at 3:11 PM fa on the form that ide incidents of the targ the survey, the facil had been develope ensure the deficient 483.440(f)(3)(ii) PR CHANGE The committee sho are conducted only	cation review for August 24, ember 24, 2007 on October 26, alled to ensure documentation entified the frequency of geted behaviors. At the time of allity failed to ensure the POC ed and/or implemented to at practice was addressed. ROGRAM MONITORING & could insure that these programs with the written informed at, parents (if the client is a	W 2				
	Based on interview facility's specially-confights Committee, restrictive programs consents, for one consents.	is not met as evidenced by: and record review, the constituted committee (Human HRC) failed to ensure that s were used only with written client residing in the facility who pic medications. (Client #3) s:					
	On August 3, 2007 deficient practice re ensure its specially- (Human Rights Cor consent for the use provider submitted a dated August 28, 20	the State Agency (SA) cited a egarding the facility's failure to constituted committee mmittee, HRC) obtained of restrictive programs. The a Plan of Correction (POC) 007 to abate the deficient he deficient practice remained					
	Medication adminis 2007 at 7:00 PM τε	stration observation on July 31, evealed Client #3 received					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
	,		A. BUILI		,	С
		09G152	B. WING	<u> </u>	10/2	6/2007
	PROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE WASHINGTON, DC 20019		
1) ID EFIX AG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
263	Continued From pa	age 25	W 26	63		
	Lorazepam 1 mg by medication nurse represcribed twice dathe nurse, the client plan (BSP) to address According to the Huminutes dated Janumedication and the approved. There we the committee had	by mouth. Interview with the evealed the medication was ally for behaviors. According to at also had a behavior support ess her targeted behaviors. The summary 16, 2007, the use of the east was reviewed and was no evidence, however, that ensured that written consent to the use of the restrictive		Restrictive procedures will be rethe HRC and consent will be obtained from guardian or court designed	tained	11-01-07
	Restrictive procedu HRC and consent v guardian or court de 2007	igust 28, 2007 documented - ures will be reviewed by the will be obtained from a lesignee by September 27,	·			
331	time of the survey,		W 33	31	i	
	The facility must proservices in accorda	ovide clients with nursing ance with their needs.				
	Based on interview facility's nursing ser each client received accordance with his	is not met as evidenced by: and record review, the rvices failed to ensure that d nursing services in s assessed needs for one of ng in the facility. (Clients #3)				
	The finding includes	3 :			-	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE S	
	•		A. BU	LDIN	G		С
		09G152	B. WII	NG			6/2007
	PROVIDER OR SUPPLIER		•	1	REET ADDRESS, CITY, STATE, ZIP CODE 000 NEWTON STREET NE VASHINGTON, DC 20019		
1) ID EFIX AG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
331	On August 3, 2007 deficient practice resure that each c in accordance with provider submitted dated August 28, 2 practice however, t as detailed below: The facility nursing treatment records of prescribed nutrit maintained. Interview with direct 7:45 PM revealed t nutritional supplem a day to maintain h staff, the client took to his day program not have the Ensur of July 31, 2007. See purchased on the Interview with the pindicated direct car documenting the action of the Poc dated August 24, 2007. According to interview of the provided that the nurse will mon administration of Elby August 24, 2007.	regarding the facility's failure to elient received nursing services his assessed needs. The a Plan of Correction (POC) 2007 to abate the deficient the deficient practice remained is services failed to ensure documenting Client #3's receipt tional supplement were it care staff on July 31, 2007 at that Client #3 received a nent of Ensure Plus three times her weight. According to the kithe last available Ensure Plus and therefore, the client did re supplement for the evening staff indicated that more would he next day. Drimary LPN on August 3, 2007 re staff was responsible for dministration of the Ensure and book. Record review urse failed to consistently inistration of Ensure Plus. Ingust 28, 2007 documented - initor and document the nsure by residential counselors 7.	W :	331	Cross Reference W 111		11-01-07
	October 26, 2007 a	at 2:24 PM and record review, ceive the supplement (Ensure)					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUI		NG	COMPLETED		
		09G152	B. WIN	NG_			C 6/2007
NAME OF P	PROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE WASHINGTON, DC 20019	1 101-	0/2001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 331	three times a day completed for the s PM, and 7:00 PM. revealed that there administration of th 5, 9, 10, 11, 12, 14, It should be noted to clients were on vac At the time of the sign ensure the deficient addressed.	Documentation was to be supplement at 7:00 AM, 12:00 Further review of the record was no documentation for the ensure on October 1, 2, 3, 4, 15, 16, 17, 18, 19, and 21-25. That the nurse revealed the cation on October 21-25, 2007, urvey, the facility failed to at practice had been	W				
W 362	A pharmacist with in team must review to at least quarterly. This STANDARD is Based on interview facility failed to ensure reviewed drug regir residing in the facility (Clients #1, #2 and The findings include On August 3, 2007 deficient practice reensure a pharmacis quarterly. The proviewed of the proviewed of the proviewed in	e: the State Agency (SA) cited a garding the facility's failure to st reviewed drug regimens vider submitted a Plan of dated August 28, 2007 to abate be however, the deficient	W	362			
	July 31, 2007 begin	medication administration on ning at 6:52 PM revealed #3 were each administered view with the LPN					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JLTIPLE CONSTRUCTION	(X3) DATE : COMPL	
			A. BUIL	DING		С
		09G152	B. WING	3	10/	26/2007
	PROVIDER OR SUPPLIER ARE II			STREET ADDRESS, CITY, STATE, ZIP COD 1000 NEWTON STREET NE WASHINGTON, DC 20019		
I) ID EFIX AG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
362	administering the the medication ad these medications care physician. In review of the ager Pharmacy review quarterly. Review of the doc Review forms in the August 2, 2007 be reviews were command April 25, 2007. The POC dated A See Response to corresponding nurrevealed that a phenomena.	medication and the review of Iministration record revealed is were prescribed by the primary interview with nurse and the ncy's policy revealed the should be conducted at least cumentation on Pharmarcy the clients' medical records on reginning a 3:47 PM, revealed inpleted on December 20, 2006 7. Sugust 28, 2007 documented - W104 and identified the mber. The response in W104 parmacist would review the	W 3	Cross Reference 104 (3)		10-26-07
474	According to inten 26, 2007 at 12:13 aforementioned dimplemented. Refrecord revealed the was conducted on noted that at 2:25 the request of the records. 483.480(b)(2)(iii) Market Food must be send developmental levelopmental levelopmental levelopmental review, the facility	ved in a form consistent with the	W 47	74		

(X1) PROVIDER/SUPPLIER/CLIA

EMENT OF DEFICIENCIES

PRINTED: 11/01/2007 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

LAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING	COMPL	ETED
	<i>,</i>	09G152	B. WING	\(\tau_{\text{in}}\)	i i	C 2 6/2007
	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE WASHINGTON, DC 20019		
4) ID EFIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
474	three clients residi The findings includ On August 3, 2007 deficient practice rensure a pharmac quarterly. The pro Correction (POC) of the deficient practic practice remained 1. On July 31, 200 observed asking the instead given a smooth of the Interview with staff teeth or dentures and appeared to be Record review on a dental consultation which stated the cl not have dentures. physician's orders, chopped textured of 2. At 4:10 PM on A observed returning and #2 with a large was given approximate beverage that contreview of the client	de: It the State Agency (SA) cited a egarding the facility's failure to ist reviewed drug regimens vider submitted a Plan of dated August 28, 2007 to abate ce however, the deficient as detailed below: It at 7:40 PM, Client #2 was ne staff for cookies. She was ack of apple wedges. Further client revealed no visible teeth. If revealed the client had no The client ate the apple slowly e gumming it. August 1, 2007 revealed a report dated October 19, 2006 ient was edentulous and did According to the current the client was prescribed a	W 47			11-20-07
,	Consistency. The POC dated Aurinservice of person presented by the Consistency.	igust 28, 2007 documented - is dietary order will be MRP.			•	

(X2) MULTIPLE CONSTRUCTION

PRINTED: 11/01/2007

PARTMENT OF HEALTH AND HUMAN SERVICES FORM A				APPROVED		
NTE	RS FOR MEDICARE	& MEDICAID SERVICES		ON	MB NO.	0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	i i	(X3) DATE SURVEY COMPLETED	
	, 	09G152	B. WING		10/26	; ;/2007
OF P	ROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE		
MP C	ARE I I			000 NEWTON STREET NE /ASHINGTON, DC 20019		·
i) ID EFIX AG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
474	Continued From pa	ige 30	W 474			
485	26, 2007, there had the nutritionist since August 3, 2007. The training was scheduled and October 25, 20 At the time of the sensure the POC has certain the deficien 483.480(d)(4) DINII	iew with the QMRP on October d been no dietary training by e the recertification survey on the QMRP revealed that uled for September 26, 2007 007 but were both cancelled. The urvey, the facility failed to ad been implemented to make the practice was addressed. NG AREAS AND SERVICE upervise and staff dining rooms	W 485			
	Based on observat review, the facility f supervision in the c	is not met as evidenced by: ion, interview and record failed to provide adequate staff dining room at mealtime for ts residing in the facility. d #3)		Each person BSP was reviewed with by the Behavior Consultant. Staff wil in-serviced on proper supervision of a during meals.	ill be	11-20-07
	The finding include	s:				
	deficient practice re ensure adequate si room at mealtime. of Correction (POC	the State Agency (SA) cited a segarding the facility's failure to taff supervision in the dining. The provider submitted a Plan c) dated August 28, 2007 to practice however, the deficient as detailed below:				

The breakfast meal observation was conducted on August 1, 2007 beginning at 7:28 AM. Interview with an overnight staff indicated they were running late with breakfast. After all food was placed on the table, one of the two staff on duty was observed to return to the kitchen to

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SI COMPLE	TED
		09G152	B. WIN	IG			C 6/2007
NAME OF P	ROVIDER OR SUPPLIER		1	10	EET ADDRESS, CITY, STATE, ZIP CODE DOO NEWTON STREET NE VASHINGTON, DC 20019		0,2007
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 485	clean up. The other room to supervise to observations were a. At 7:41 AM Clief the dining table and which was placed of Client #2 immediate poured it into her coinstructed the client her. The client immediate which she had added by the coinstructed the client her. The client immediate which she had added by the coinstructed the client raisin bran and milk At 7:48 AM she was onto her plate. No observed. c. At 7:50 AM Client independently from observed to overfill food from the plate Staff supervising the verbal prompts to the down. On August 2, 2007, behavior support plate 2007 revealed she plan (IPP) objective appropriate behavior client "will eat her measured pace und should be instructed between mouthfuls	r staff remained in the dining the three clients. The following made: Int #2 got up from her seat at digrabbed the can of Thicket, on the table for Client #3's use. ely took a scoop of Thicket and offee and stirred it. Staff to give the can of Thicket to rediately drank the coffee to	W	185			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI	IULTIPLE CONSTRUCTION		(X3) DATE SI COMPLE	
				-	_	,	С
		09G152	B. WIN	NG		10/2	6/2007
COMP C	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 1000 NEWTON STREET NE WASHINGTON, DC 20019	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHO	ULD BE	(X5) COMPLETION DATE
W 485	The POC dated Au Staff will be inservice monitoring during m in-serviced on the E receive inservice or POC further docum actions will occur by Interview with the C time of the survey,	gust 28, 2007 documented - ced on active involvement and nealtime. Staff will be BSP for Person #1. Staff will n the BSP for Person #3. The nented that the corrective y August 29, 2007. MRP and record review at the failed to provide evidence that implemented to ensure the	W	485			

STATE FORM

PRINTED: 11/01/2007 FORM APPROVED

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLV IDENTIFICATION NUMBERS			A. BUILDING		(X3) DATE SURVEY COMPLETED C		
		09G152		B, WING			6/2007	
NAME OF P	ROVIDER OR SUPPLIER	· · · · · · ·	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
COMP CA	AREII			WTON STREE GTON, DC 20				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	ΠΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
1 000	INITIAL COMMEN	TS		1 000				
	26, 2007 to determ compliance with the re-licensure survey	ey was conducted on tine the facility's conti e deficiencies cited d on August 3, 2007. vey were based on in	nued uring the The			ı		
1 090	1 090 3504.1 HOUSEKEEPING			1 090				
	The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.		3					
	Based on observate failed to ensure the	t met as evidenced by tion and interview, the interior of the facility fe, clean, orderly, atti	e GHMRP ∕ was	1				
	The finding include	95.						
		o maintained the envi e concerns identified rt.				·	i,	
	The findings includ	le:						
	deficient practice rensure the interior in a safe, clean, or manner. The prov Correction (POC) of	the State Agency (Segarding the facility's of the facility was maderly, attractive and sider submitted a Plandated August 28, 200 ce however, the deficas detailed below:	failure to aintained sanitary n of 7 to abate		•			
r. Do	ation Administration	DER/SUPPLIER REPRESEI		1 1	TITLE	11/03	(X8) DATE	

89XO11

FORM APPROVED EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G152 10/26/2007 : OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 NEWTON STREET NE VIP CARE II WASHINGTON, DC 20019) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL ĖFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) ١G CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 1 090 1090 The surveyor conducted environmental observations on August 3, 2007 beginning at 3:10 PM. She was accompanied through the GHMRP by the Qualified Mental Retardation Professional (QMRP). 1. Client #2's closet door was not secured in the 1. Client #2's door has been repaired 11-09-07 tract. The POC dated August 28, 2007 documented -Door maintenance has been ordered and an expected remedy of this problem is on August 30, 2007. 2. Soap scum was on bottom of the the shower 2. Shower curtains were replaced 11-04-07 curtain in the bathroom located on the second floor. The POC dated August 28, 2007 documented -Shower curtains are washed or replaced weekly. 3. Window panes contained soil on the interior 3. Windows have been cleaned 10-26-07 throughout the facility. The POC dated August 28, 2007 documented -Windows cleaned August 5, 2007. Maintenance of cleaning will occur bi-weekly. . 4. Client #2's clothes hamper was heavily 4. Hamper has been replaced 10-27-07 stained/soiled. The POC dated August 28, 2007 documented -Clothes hampers replaced August 25, 2007. 5. A large black piece was detached from the

Regulation Administration

back of the refrigerator in the kitchen. The piece

The POC dated August 28, 2007 documented -Cover on the rear of the refrigerator was replaced

appeared to be made of rubber.

FORM

5. Hanging piece was removed

11-06-07

	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT A. BUILDIN B. WING _		(X3) DATE COMPI	C
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY	STATE, ZIP CODE	1 10/	26/2007
COMPC	AREII		1000 NE	WTON STRE	ET NE	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
1 090	Continued From pa	ge 2		1 090			
	on August 9, 2007.						·
	interview with the Q failed to verify inform POC. At the time o	GHMRP's environment of the mation documented if the monitoring visit neems regarding the ment remained.	, 2007, in the , the				
1 206	3509.6 PERSONNE	EL POLICIES		1 206			
	annually thereafter, certification that a h performed and that	or to employment an shall provide a phys ealth inventory has b the employee's hea ner to perform the re	ician ' s een alth status				
	This Statute is not r Based on interview a failed to ensure that current health certific	and record review, the all staff and consulta	e facility				
	The findings include	:					
	On August 3, 2007 t deficient practice reg to ensure all staff an health certificates or a Plan of Correction 2007 to abate the de deficient practice ren	garding the GHMRP! d consultants had cu ifile. The provider s (POC) dated August ficient practice howe	s failure urrent ubmitted t 28,				
	Review of 4 of 10 August 3, 2007 at ap revealed no docume health certificates. T tion Administration	proximately 9:20 AM	l l		Staff Health Certi been updated. Plea herewith.	ficates have use find	10-26-07

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	A. BUILDI			E SURVEY PLETED
NAME OF	PROVIDER OR SUPPLIER	09G152	Faccion :	B. WING		10	C / 26/2007
СОМР	CAREII		1000 NE WASHIN	DDRESS, CITY, WTON STRE GTON, DC 2	, STATE, ZIP CODE EET NE 20019		120/2007
(X4) ID PREFIX TAG	(EMURIDEFICIENCY	TEMENT OF DEFICIENCIE: MUST BE PRECEDED BY IC IDENTIFYING INFORMA	C	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	M SHUTH D DE	(X5) COMPLETE DATE
1 206	Continued From pag	je 3		1206	-2715/2101)		-
	the current health ce #9, and #10. 2. Review of the cordate revealed no curavailable for consultations.	nsultant files on the strent health certificate	same es were		2. Consultant health are current	screenings	11-09-07
	The Program Director Retardation Profession August 3, 2007 duaforementioned healt available during the s	ultants #2 and #4 hat health screening. or/ Qualified Mental conal (QMRP) acknowing interview that the certificates were neuroey.	wledged ne not				
	Interview with the QM October 26, 2007, fail current health certifications consultant C10. At the visit, the aforemention failure of the GHMRF certificates remained.	led to provide evider ate for staff S2 and e time of the monito ned concern regardir to obtain current he	ring ng the ealth				
t E C	There shall be continuitation of the continu	ous, ongoing in-serveduled for all person at as evidenced by:	rice nel.	1 222			
T C de fa fo of	he findings include: On August 3, 2007 the eficient practice(s) regulare to ensure continuor all personnel. The personnel of	State Agency (SA) ogarding the GHMRP	s ovide				
in Regulatio	n Administration						

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE S	SURVEY ETED
	 	09G152		B. WING _			Ċ
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	10/2	26/2007
COMP			1000 NEV WASHING	VTON STREI	ET NE		
(X4) ID PREFIX TAG	REGULATORY OR LS	TEMENT OF DEFICIENCIE: MUST BE PRECEDED BY BC IDENTIFYING INFORMA	-	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	MII D DE	(X5) COMPLETE DATE
i control of the cont	Continued From page abate the deficient practice(s) 1. The GHMRP failed to staff on the meal of the Residents #1, #2, and Citation W485] The POC dated Augustaff training on proget treatment to be held as Interview with the QM October 26, 2007, failed training to staff on the #1's and #2's behavior Report - Citation W24 The POC dated Augustaff training on person will occur on August 2 Interview with the QM October 26, 2007, failed the POC had been impleficient practice was the monitoring visit, the widence that training occurred	ractice(s) however, remained as detailed a	e training ds of Report - ented - ew on nee that nd #3. Resident Federal nted - s BSP	1222	1. See response to W 104 2. See response to W 104	TOPRIATE	DATE
3. to ac ob	The GHMRP failed of direct staff on docume complishment of Respictives [See Federal	to ensure effective tr nentation of data rela sident #3's behaviora I Report - W252].	aining itive to		3. See response to W 104		
The Regulation TE FORM	ne POC dated August	28, 2007 document	ed -				

89XO11

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MULT A. BUILDIN B. WING		(X3) DATE COMPL	
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 09G152 С NAME OF PROVIDER OR SUPPLIER 10/26/2007 STREET ADDRESS, CITY, STATE, ZIP CODE COMP CARE I I 1000 NEWTON STREET NE WASHINGTON, DC 20019 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) 1226 Continued From page 6 1226 The POC dated August 28, 2007 documented -CPR and First Aid Training is scheduled for See response to W 192 September 15, 2007. Staff #1, 4, 6, 7, and 9 are signed up for the class. According to interview with the QMRP on October 26, 2007 at 12:13 PM the POC for the aforementioned deficient practice had not been implemented. The QMRP further revealed that the class was to be held on November 3, 2007. At the time of the survey however, the GHMRP failed to ensure the aforementioned training had been conducted 1 229 3510.5(f) STAFF TRAINING 1229 Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies: This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure each training program included specialty areas needed by the residents being served. The finding includes: On August 3, 2007 the State Agency (SA) cited a deficient practice regarding the GHMRP's failure to ensure training in specialty areas needed by the residents being served. The provider submitted a Plan of Correction (POC) dated August 28, 2007 to abate the deficient practice alth Regulation Administration

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ZELMAN, YOUNT AND ASSOCIATES, ILC Behavior Support Plan - Procedures Prepared for: Comprehensive Care II, Inc.

Name: Shirley Parker

Address: 1000 Newton St. N.E.

Date of Birth: 11-2-1949

Date of Previous Plans: July 2005; 01-10-06; 03-15-06; 02-13-07

Revised: 11-11-07

Goal: Ms. Parker will improve her socially appropriate behavior.

Objective 1: Ms. Parker will eat her meals at a steady and measured pace under staff

supervision.

Objective 2: Ms. Parker will decrease incidents of surface licking (surfaces such as the walls, blinds, curtains, blouse collars and chairs) to 1 incident per month for 3 consecutive months. Objective 3: Ms. Parker will decrease incidents of finger licking to 1 incident per month for 3

consecutive months.

Axial Diagnoses:

Axis 1: 299.00 Autistic Disorder; 312.34 Intermittent Explosive Disorder (IED) by

history

Axis II: 318.20 Profound MR, cognitive and adaptive

Axis III: Hepatitis B Carrier; Internal Tibial Torsion; Cortical cataracts

Axis IV: None Axis V: 40

Psychotropic Medications:

Ms. Parker is currently prescribed the following psychotropic medications: Neurontin 100 mg bid for impulse control; Lorazepam 1 mg/bid; Depakote 250 mg/ 500mg / am and pm. Her dosage of Risperdal was reduced from 1.5 mg / bid to 1 mg / bid on 02/28/06 by Dr. Ganz, as it was felt that she had not shown any aggressive symptoms for several months. It was further reduced to 1 mg/pm on 02/25/06, then to 0.5 mg/pm on 08/11/06, and discontinued on 10/23/06. There have been no reported changes in behavior since. Psychology will continue to monitor her behavior and participate in the psychotropic review process to provide ongoing assessment of her response to medication.

Parker, Shirley

Behavior Support Plan / November 2007

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Her psychotropic medication regimen is reviewed with the Comprehensive Care psychiatrist and team every month.

Medication Reduction Plan:

At any time that Ms. Parker achieves mastery of two or more of the objectives above, the psychotropic medication review team will consider reduction in her psychotropic medication.

Relevant Background Information:

Ms. Parker was placed in Forest Haven in 1953, after a diagnosis of mental retardation. She moved to her current home in 1987. She currently shares this home with two other female residents.

Ms. Parker's level of adaptive functioning is in the profound range of mental retardation. She responds well to verbal praise, as well as to physical praise, such as pats on the back. She is able to assist during some routines of her personal care, such as putting on 'pull-up' type garments, bathing with assistance, and feeding herself with a spoon. Staff reports indicate that she displays a fear of high places, such as at the top of a tall staircase. She appears to enjoy going on community outings.

Ms. Parker's cognitive functioning is in the profound range of mental retardation. She is non-verbal but expresses her needs through vocalizations, body language and facial cues. Ms. Parker is ambulatory and is able to walk up and down stairs. Her vision appears to be within normal limits and her gross and fine motor skills are functional.

Behaviors of Concern and Functional Analysis:

Ms. Parker has had a history of behavior concerns, and in the past these included: food stealing; eating too fast; licking the floor; sitting on the floor (to resist activity); and aggression. Currently, the aggressive tendencies are no longer evident and this improvement led to the reduction and discontinuation of Risperdal on 10/23/06. Consequently, Dr. Ganz (consulting psychiatrist for Comprehensive Care II) revised her Axis I diagnosis to 'history of IED'.

Food stealing ceased to be reported as a behavioral concern over 2 years ago. Both aggression and food stealing are no longer objectives in her behavior support. Comments from staff indicate that Ms. Parker is sensitive to the tone in which she is spoken to. She has been known to respond aggressively when staff have spoken too loudly to her, or in a manner that she may interpret as threatening.

Verbal reports from direct care staff have mainly emphasized that fast eating and floor licking are her ongoing concerns. Poor documentation of behaviors by staff has been an ongoing problem at this facility and the need for daily monitoring of behavior data (by senior staff) has repeatedly been reiterated by psychology at the monthly psychotropic meetings. Inadequate staffing and changes in supervisory staff members have contributed to the laxity on this important routine.

The frequencies obtained on her previously monitored behavior of floor licking are shown below.

Target behavior	4/1/07 to 9/24/07	Monthly average
Floor Licking	173	28.8 incidents

Ms. Parker's tendency for fast paced eating is a concern that continues to need alert monitoring from staff. This behavior may be described as filling up/stuffing her mouth with food and swallowing without taking the time to chew. Such speed has been observed at mealtimes as well as at snack times. Functional analysis of this behavior suggests this is a habit developed after years of institutional living at Forest Haven. It may be reflective of her past fear of not getting enough food (or another meal) to satisfy her hunger. While in comparison to previous descriptions of this tendency, her current eating pace is reported by staff as greatly improved, staff comments also clarify that if left unmonitored with food, Ms. Parker will revert to stuffing her mouth and gulping. In view of this behavior's potential for choking, vigilant staff presence and ongoing verbal cues from staff is a must during meal/snack times. Due to her internal tibial torsion and general stiffness, her hand to mouth coordination while eating is awkward. However, Ms. Parker is able to feed herself without inordinate spillage.

In the past her behaviors included floor-sitting incidents, which were described as dropping to the floor and squatting there. This behavior was most likely a form of resistance to requests given by staff members. She does not display this behavior anymore. This objective was discontinued in her 2/13/07 BSP.

The term **surface licking** is being used here to refer to Ms. Parker tendency of licking linoleum floors, walls, blinds, curtains, blouse collars, and chairs. Initially staff at the facility had reported this behavior as targeted at the linoleum floors only. Past documentation and interviews with direct care staff did not reveal that she targeted additional surfaces. Hence, floor licking constituted one of the objectives in her previous BSP. From July 2007 however, staff members started reporting other details about Ms. Shirley's licking. For example, staff began mentioning that the licking 'had always included other surfaces' such as the walls, blinds, curtains, and chairs. More recent interviews revealed that she licked the collar of her blouse, if she got a chance to do so. With regard to the floor licking, when staff were asked to explain how Ms. Parker could lick the floor without sitting on it, staff explained that she did so by simply bending down. This happened most frequently on linoleum floors and did not extend to carpeted floors. The functional purpose behind surface licking is unclear. It is likely that surface licking denotes a compulsive urge that serves both an exploratory and stimulatory function. Ms. Parker continues

to lick these surfaces if left unmonitored. However, she has fewer incidents of floor licking if she is being watchfully supervised and when staff ensure:

- That she participates in activities according to her schedule;
- That she is encouraged to interact and communicate using her verbal and non-verbal skills with the involvement and accompaying verbalizations from staff.

Finger licking was not reported as a behavior of concern for Ms. Parker to this writer. Recent observations by survey team members, revealed that finger licking does occur and even goes unmonitored by staff members, who may be responding to this tendency with less attention than it warrants. When unmonitored, this behavior constitutes an unhygienic tendency that can lead to ingestion of harmful bacteria from the environment that Ms. Parker may acquire while touching objects/surfaces, prior to the licking. During the finger licking behavior, saliva may transfer to her fingers with which she may continue to play. As this behavior has never been reported as a concern or documented, a functional analysis is not possible at this time. It is however, surmised that lack of monitoring could lead to this behavior, as it appears to serve a self stimulatory function.

Proactive Procedures

- 1. Engage Ms. Parker in activities as much as possible. There should be times when she relaxes with no structured activity. If she wishes to engage in activities away from the other residents, this is permissible.
- 2. Praise Ms. Parker verbally and give attention whenever she participates in activities and whenever she responds to staff directives aimed at maintaining hygiene. Praise should be provided frequently during tasks/activities. Tell her specifically what she has does, that staff appreciate. For example, staff may say, "Shirley, I really like the way you helped with .../ or I really like how well you washed your hands. Thank you. That was great! / Or Shirley, you are such a great help with the (whatever the task). Great job!"
- 3. Use an enthusiastic and warm tone.
- 4. Watchfully monitor Ms. Parker's movements and whereabouts during waking hours and ensure that her hands are kept clean at all times.

Objective 1:

Procedures for Addressing Rapid Eating

1. Be present next to Ms. Parker throughout the meal to facilitate monitoring of her eating pace and to provide redirection when she paces her intake too fast.

Parker, Shirley Behavior Support Plan / November 2007

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- 2. Serve small amounts of food on Ms. Parker's plate at any one time; additional food may be added as she finishes the initial portions.
- 3. Provide Ms. Parker with a smaller sized spoon (not a tablespoon) to eat with.
- 4. Instruct her to take 'one bite' of her food or 'one spoonful' and then direct her to put down the spoon as she chews and swallows. Watch to ensure she chews and swallows; when she does so, say something in the form of praise such as: 'Good job!'
- 5. If Ms. Parker begins to eat too fast or she is not chewing and swallowing between spoonfuls of food, staff should direct her to 'Slow down, Shirley'. Use gentle hand-overhand assistance as needed, to ensure that she puts down her spoon between mouthfuls. Encourage mouthfuls of her drink or beverage between bites of food.

Objective 2:

Procedures for Addressing Surface Licking

- 1. If Ms. Parker begins licking any surface (such as the floor, walls, blinds, curtains, chairs, blouse collar), call her by name, establish eye contact if possible, and in a firm tone of voice say 'Stop Shirley!' Similarly if she is bending to lick the floor, immediately direct her to stand up; if she is leaning against the walls to lick the blinds or against the chair, call her by name, make eye contact (if possible), and call her away to a different location away from the targeted surface.
- 2. Immediately follow up by presenting her with an alternative activity, such as an easy house chore that staff can do alongside Ms. Parker in order to sustain her engagement period as long as possible. If engaging her in an activity is difficult to achieve, ask her to accompany you for a short walk from that targeted area/ location to another area of the house or yard (as appropriate for the time).
- 3. If Ms. Parker does not comply and stays bent on the floor to continue her licking (or near the wall), provide gentle touch prompts and as necessary, physically assist her (to her feet) as you guide her away from the area. This should be done with firmness and with gentle persuasion. Guide her to an area where she is less likely to lick, such as into the dining table or the living room away from the walls, in an area where the floor is carpeted. Redirect her to sit in a chair. Continue to monitor her. Keep her as engaged in activities as her tolerance permits.

Objective 3:

Procedures for Addressing Finger Licking:

- 1. Ensure that Ms. Parker's hands are kept clean and hygienic at all times.
- 2. Monitor Ms. Parker's whereabouts during waking hours. If she is observed to be moving her hands/fingers close to her mouth, staff should immediately move closer and place a manipulative toy in her hands (a stress ball, sensory objects, or toys). Squeeze the stress ball using hand over hand assistance or activate her manipulation of the toy and to ensure her hands are occupied in an activity away from her mouth.
- 3. If she discards the manipulative toy or object just handed to her and proceeds to lick her fingers, use a firm tone of voice to say 'Stop Shirley! Come let's wipe your hands with tissue'. Repeat directive again if necessary.
- 4. Follow this up consistently by immediately ensuring that she wipes her hands. Gently lead her to the tissue box. As far as possible, Ms. Parker's efforts to respond to the directive should be encouraged. If however she does not respond to the directive to obtain tissue, staff should hand the tissue box to use a tissue to wipe her hands.
- 5. If prior to the finger licking, Ms. Parker has been floor or surface licking, staff should walk her to the bathroom and supervise that she washes her hands thoproughly.
- 6. Since her finger licking may be a habit that developed through several unmonitored, past episodes of licking, this is a tendency that will have to be discouraged henceforth through diligent monitoring and consistent application of the above follow up startegies, every time it happens.

Documentation:

- 1. During every shift, staff should document all incidents of target behaviors on the data sheets attached with this BSP. <u>Documentation should occur during every shift and on every day.</u>
- 2. When recording data observe the following points:
 - a. Document any possible antecedents (whatever staff might think is remotely connected to the behavior occurring); document the behavior that occurred and record in detail, all staff interventions (both what was more and less successful).

Lizzie P. Limothy
Behavior Specialist

Rebecca J. Young Psy.D. Supervisor Licensed Psychologist, De # 1643

ZELMAN, YOUNT AND ASSOCIATES, LLC

Shirley Parker:

Data Collection Sheet for Objective 1: incidents of eating food too fast during meal and snack-time.

. Dates	Example	11/11/07				
meal began	5:00p	-				
Alleccacit	SP was impatient to start her meal					
DEMAYIO	SP would not put down her spoon between mouthfuls	and was stuffing mouth				
Consequences	Staff gave hand over hand assistance to make sure SP	put down her spoon, after every single scoop of food				
ended	5:17 pm					
Initials	N.G.					

statements.

Antecedent: Include what the consumer was doing just before the incident; what staff was doing and any related event/s. Behavior: Describe exactly what was said (and any accompanying expressions, gestures or body language exhibited during these

Consequences: Anything and everything that followed the incident; what was said and done by staff in response to the situation; whether the behavior was resolved and if so how long it took.

ZELMAN, YOUNT AND ASSOCIATES, LLC

Shirley Parker:

Data Collection Sheet for Objective 2: incidents of surface licking (linoleum/tiled floors, curtains, blinds, walls, chairs, collars)

						Date
		-			began	l'ime
						Antecedent
						Behavior
						Consequences
					end	
		<u> </u>			ended Historia	ne Staff

Behavior: Describe exactly what was said (and any accompanying expressions, gestures or body language exhibited during these Antecedent: Include what the consumer was doing just before the incident; what staff was doing and any related event/s.

whether the behavior was resolved and if so how long it took. Consequences: Anything and everything that followed the incident; what was said and done by staff in response to the situation;

statements.

ZELMAN, YOUNT AND ASSOCIATES, LLC

Data Collection Sheet for Objective 3: incidents of finger licking (including playing with saliva)

Shirley Parker:

Dan						
incident	began					
Adhecedent						
Behavior						
Cons						
Consequences						
Time	incident ended			,		
Staff	Initials					

11-11-07

Antecedent: Include what the consumer was doing just before the incident; what staff was doing and any related event/s.

statements. Behavior: Describe exactly what was said (and any accompanying expressions, gestures or body language exhibited during these

whether the behavior was resolved and if so how long it took. Consequences: Anything and everything that followed the incident; what was said and done by staff in response to the situation;

* 3 F



GOVERNMENT OF THE DISTRICT OF COLUMBIA DEFARTMENT OF HEALTH LICENSING REGULATION ADMINISTRATION

HEALTH CERTIFICATE FOR STARS

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Remarks:				
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Signature of Deca	M.D.	Date of Examin	ation: 9-7-1	27
Signature of Brain	MA Com I A			
- Address of Exami	Laine Physician #	Tolophone No.:		<u>200</u>
1 Eng	ple Hills, MD		• • • • • • • • • • • • • • • • • • • •	
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Dr Rick Bryson



GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH LICENSING REGULATION ADMINISTRATION

HEALTH CERTIFICATE FOR STAFF

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SILVER SPRING, MI) 20910 (801) 587-8600

LeRoy Hall, M.D.

SUITE 120
WASHINGTON HOSPITAL CENTER
PHYSICIAN'S OFFICE BUILDING
106 IRVING STREET, N.W.
WASHINGTON, D.C. 20010

TELEPHONE: (202) 722.0953

October 11, 2007

TO WHOM IT MAY CONCERN,

I have examined Dr. Richard A. Wilson, Jr., and found him to be free of communicable diseases. A PPD on 8/22/2007 was negative (zero induration).

If I can be of assistance in the future, please feel free to contact me.

Sincerely,

Leroy Hall, M.D.

Ceftoy Hale, in)

LANGLEY PARK WALK-IN MEDICAL CLINIC	
1.1010. (001)-440-7020	
1040 E. University Blvd. * Silver Spring, MD * 20903	
Date 01/20/07	
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Name OYEAUN, MABEL O' D.O.B. 8/2	148
Address	
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This is to certify that OMECUM, MABELO is in go	od health and
free of communicable diseases.	
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Date read 6/13/06	
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Date of Physical Examination o 1/20/2007 BB Texam	m
M.D. Signature	
Langley Park Walk-in Medical Clinic Affix Seal Here: Silver Society Blvd., East	
Silver Spring, Maryland 20903 Telephone 301,445-7926	
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GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH LECENSING REGULATION ADMINISTRATION

BEALTH CERTIFICATE BOR STAFF

Namo: My an Leurs	
Date of Birth: 12 -29 -49	Sex:
	Telephone No.: \$351 3622
Address: 1854 Kendell St. NE. # 109 DE. 20002	
	-
I have extended the there-used person and early that h	evalue is:
1. If Pres from disease in communicable form.	
2. Li As of this date, the porson appears to be in a health condition, capable of doing physical i cure to other people.	adstactory physical and mental muschold tasks, supervise and give
In addition to a general physical health examination, the fol	lewing tests have been dune:
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Northside Medical Services Corporation Occupational Medical Examination Physician's Worksheet (202) 388-6000

Name: AOSAT. A. ATOBATAIYED	OB/ <u>21/6152</u> Tel <u>240-491-6908</u> Date: <u>S&P1/11</u>
Address: 6306 23rd AVENUE	City HYATTS UILLE State M)Zip 20
Applicant: Have you had or been treated for question)	or any of the following: (Please check Yes or No to each
Yes No	Yes No
Hypertension	Diabetes
Operations	Seizures
Head Injury	Skin Disease
Menstrual Problems	
Mental Health Illness	Asthma
Chronic Back Pain	Sinus Trouble
Tuberculosis	Hernia
	Heart Disease
Stomach Problems	Other
Explain all Yes responses	
List ANY/ALL medication(s) you are present	ıtly taking:
TO BE COMPLETED B Chest X-Ray Mantoux / PPD Test Date Neck Mouth Glasses: NO V Height Weight V Urinalysis: Spe B/P 152 / 1/0 Pulse Resp. 20 Heart Down Lungs Law Asthmatic Skin Eczema Reflexes Complete Glasses: NO V Resp. 20 Heart Down Lungs Claw Asthmatic Skin Eczema Reflexes Townell Genitalia P Prosthesis Thyroid Menstrual History: (Normal) (Abnot Chest X-Ray (results)	Y EXAMING PHYSICIAN ONLY 7/1/18 L/R Arm Results // Date 7-1/6-98 Vision: R. 20/25 L. 20 / 25 cific Gravity / 625 Glucose // Alb. // Gramp. 78 Diabetic Monsulin dependent // Bernia //
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<u> </u>	·
In my professional judgment and by examinated for employers of Examining Physician WEATHS OF FEMILIAL SERVICES CORPORATE	XU 108 UD) Date 08-11-07
4121 MINNESOTA AVENUE, N.E.	IVIT
WASHINGTON, D.C. 20019	
TEL. (202) 388-6000	

FAX (202) 388-6001



GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH LICENSING REGULATION ADMINISTRATION

HEALTH CERTIFICATE FOR STAFF

Name: ALFON	SO HAMAHALDEE	· · · · · · · · · · · · · · · · · · ·	Sex:	Male	☐ Female				
Date of Birth: (0)	27/1951		Sex: Male D Female Telephone No. 2 40 2713 625						
Address:									
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i have exami	ned the above-named person	on and cortify that	he/she is:	•					
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2.	As of this date, the person health condition, capable care to other people.	on appears to be in of doing physical	satisfactory pl household tas	ysical an ks. super	d mental vise and give				
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cne		Tolophone No	: 301459 (Area Code)	9113	x				
Address of Exam	uning Physician West Pl _ Md 20706	13	(Area Code) (1) 45	9-91	13				



GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF ERALTH LICENSING EBGULATION ADMINISTRATION

BEALTH CERTIFICATE FOR STAFF

·	. /
Name: Darline Peoples Mosie	Sox: [] Male [] Female
Date of Birth; 2 - 2 - 6+	7 Felephone No.: 301.919 80
Address: 6321 Constelland St. Pin	erdale M.D. 2073.
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	No. 301-559-6356
- Address of Examining Physician	· (Area Code)

fogether, we can save a life

This recognizes that

NCHANG ANGWAFO CHANTAL has completed the requirements for

CPR - ADULT

conducted by

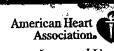
Careco, Inc.

Date completed

The American Red Cross recognizes this certificate as valid for 1 year(s) from completion date.

Chairman, American Red Cross Instructor's Signature Chapter National Capital Area Chapter Holder's Signature

Maryland DC Region AHA Region Community Training Center PPM 1-800-788-2771 8722 McLain Avenue Training Site 202-409-3611 Ivo Ngosong Instructor Holder's Signature



Learn and Live.

Healthcare Provider

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

OT/28/2007

OT/2009

COMPREHENSIVE CARE II, INC., PROGRAM DOCUMENTATION SHEET

QMRP	Date	Han	Model/i	?	Staff]	6. Coll	5. Pay	4. Tak	3 Cho	2. Wal	1. Ent	Mari	TASK	Frequ	q	Objec	Goal:	Perso	
QMRP Monthly Review:	Comments	Hand Over Hand (H) = staff use speech and maintain Physical Contact throughout task	Model/Demonstration (M) = staff use speech and ACTUAL DEMONSTRATION	Indonandanas (I) = Abso	Staff Initials	6. Collect change and receipt	5. Pay for item	4. Take item to the cashier	3 Choose an item	2. Walk to an isle	1. Enter the store	Maria will:		Frequency: 2/Week	for 3 consecutive months	Objective: Given verbal prompts, Ms. Callabrese will make a purchase from	Improve Money Management	Person Name: Maria Calabrese	
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		spe	spee									ພ			m Oi	pts	nag	se	
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		- Refused to participate	= Staff use speech and periodic touch throughout task				+			\dashv		30				a store 80% of recorded trails per month			
ı			NSK		-		-					31			į	-			

COMPREHENSIVE CARE II, INC., PROGRAM DOCUMENTATION SHEET

Person Name: Maria Calabrese	Month/Year:		
Goal: To Enhance Community Survival Skills	Star	Start Date: 11/07	End Date: 01/08
Objective: Given pictures of survival signs, Ms. Callabrese will independently identify community survival signs on 100% of trials for 3 consecutive months	brese will ind	ependently ider	ntify community survival signs on
Frequency: 3 Times per Week [ASK	Pro	<u> Program Days:</u>	Tuesdays, Wednesdays, & Saturdays
Ms. Calabrese will identify the 1 2 3 4 5 6 7 8 9 10 under-mentioned signs when requested:	0 11 12 13 14 15 16	15 16 17 18 19	20 21 22 23 24 25 26 27 28 29 30 31
Stop			
Yield Wall.			
Exit			
Don't Walk			
Wait			
Hospital			
Staff Initials			
JOA: Independence (I) = Absence of assistance Verbal (V) = S	Verbal (V) = Staff use speech ONLY		Gestural (G) = Staff use speech and pointing
Model/Demonstration (M) = staff use speech and ACTUAL DEMONSTRATION	TRATION PHY	PHYSICAL (P) = Staff	= Staff use speech and periodic touch throughout task
Hand Over Hand (H) = staff use speech and maintain Physical Contact throughout task	cal Contact thro	oughout task	Refuse (R) – Refused to participate
Date Comments	Date	Comments	
OMRP Monthly Review:		Date:	

COMPREHENSIVE CARE II, INC., PROGRAM DOCUMENTATION SHEET

QMRP	Date	Model/i Han	LOA:	Staff		2. Clos	1. Ent	Ms. (Frequency: TASK	1	Objec	Goal:	Perso
QMRP Monthly Review: _	Comments	Demonstration $(M) = st$ id Over Hand $(H) = st$	Independence (I) = Absence of assistance	Staff Initials		2. Close the door	1. Enter room	Ms. Calabrese will:	<u>iency: Daily</u>		tive: When given v	Enhance Privacy	Person Name: Maria Calabrese
		Model/Demonstration (M) = staff use speech and ACTUAL DEMONSTRATION Hand Over Hand (H) = staff use speech and maintain Physical Contac						1 2 3 4 5 6 7		100% of recorded trials per month.	erbal directive, Mari	icy	<u>alabrese</u>
	Date	1 3-5 1	Verbal (V) = Staff use speech ONLY					8 9 10 11 12 13 14	Program Days:		a will close her door v	<u>Start Date:</u> 11/07	Month/Year:
Date:	Comments	SICAL (P) = Staff use speed ughout task Refi	NLY Gestural (G) = Staf					15 16 17 18 19 20 21	<u>1 Days: Dany</u>		vhen she is in the bathı		r:
		PHYSICAL (P) = Staff use speech and periodic touch throughout task throughout task Refuse (R) - Refused to participate	Gestural (G) = Staff use speech and pointing					22 23 24 25 26 27 28 29 30			Objective: When given verbal directive, Maria will close her door when she is in the bathroom or in her room dressing,	End Date: 10/08	
		sk			1			31			û <u>c</u>		